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Private Oyster Lease Rehabilitation (POLR) Program  
2005 Marine Fisheries Hurricane Disaster Recovery



## Expense Reimbursement Request Forms

**Instructions:** The following forms, including the *Summary of POLR Reimbursement Request* form, must be filled out by the leaseholder to calculate documented costs associated with the rehabilitation of oyster resources on Louisiana state-owned water bottoms under lease. Place the forms in the following order upon submittal for reimbursement: 1) *Summary of Reimbursement Request* form, 2) individual Activity reimbursement request forms, 3) POLR Vessel Log Sheet, and 4) supporting documentation (wheelhouse logs, invoices, etc.).

Evidence of cost incurred and/or work performed by the leaseholder must accompany the reimbursement forms. This evidence (supporting documentation) is described in Attachment A (Instructions and Documentation Requirements). Proper documentation is required to adequately review and approve this reimbursement request. Inadequate documentation for any reimbursement activity may result in the reimbursement amount requested being subtracted from the total of all approved activities.

**Hourly Vessel Rates (Reimbursement Price Per Vessel Hour) for each reimbursement activity are located in Table 1 below. Documentation of vessel length must accompany this form and can be a copy of the valid US Coast Guard documentation certificate or LDWF vessel registration certificate for the vessel(s) used. Any vessel utilized for rehabilitation activities under the terms of this agreement shall be under its own power at all times.**

**Table 1.** Hourly Vessel Rates Based on Vessel Length

Activity	Activity Type	Hourly Vessel Rate (Less Than 35 feet)	Hourly Vessel Rate (35 feet and longer)
1	Sediment/Debris Removal	\$ 100 / hour*	\$ 150 / hour*
2	Cultch Deposition	\$ 100 / hour*	\$ 150 / hour*
3	Remarking/Resurveying	\$ 100 / hour*	\$ 150 / hour*
4	Relaying Oysters	\$ 100 / hour*	\$ 150 / hour*
5	Bedding Oysters	\$ 100 / hour*	\$ 150 / hour*

**POLR Expense Reimbursement Request Form****Activity 1: Sediment/Debris Removal**

A. Total Vessel Days/Hours Worked:						
<b>Vessel ID Number</b>	<b>Date</b>	<b>Vessel Hours</b>		<b>Hourly Rate</b>		<b>Total</b>
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
				TOTAL		\$

B. Total Cost of Contracted Work:					=	\$
				TOTAL		\$

**Total For Activity 1 (A + B above):**

\$

Leaseholder Account Name: \_\_\_\_\_

Leaseholder Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

**POLR Expense Reimbursement Request Form****Activity 2: Cultch Deposition**

A. Total Vessel Days/Hours Worked:						
<b>Vessel ID Number</b>	<b>Date</b>	<b>Vessel Hours</b>		<b>Hourly Rate</b>		<b>Total</b>
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
				TOTAL		\$

B. Cost of Cultch Material:	#_____ yd <sup>3</sup>	X	\$_____/yd <sup>3</sup>	=	\$
			TOTAL		\$

C. Total Cost of Contracted Work:				=	\$
			TOTAL		\$

**Total For Activity 2 (A + B + C above):**

\$

Leaseholder Account Name: \_\_\_\_\_

Leaseholder Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Conversions For Cultch Material Volume (Item B above)**1 barrel = 0.138 cubic yards (yd<sup>3</sup>)

1 barrel = 2 sacks

1 sack = 0.069 cubic yards (yd<sup>3</sup>)

**POLR Expense Reimbursement Request Form****Activity 3: Remarking/Resurveying**

A. Total Vessel Days/Hours Worked:						
<b>Vessel ID Number</b>	<b>Date</b>	<b>Vessel Hours</b>		<b>Hourly Rate</b>		<b>Total</b>
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
				TOTAL		\$

B. Cost of Marker Poles:	#_____ poles	X	\$_____/pole	=	\$
			TOTAL		\$

C. Cost of Survey Work:		=	\$
(Professional Land Surveyor or LDWF Survey)			
		TOTAL	\$

D. Total Cost of Contracted Work:		=	\$
		TOTAL	\$

**Total For Activity 3 (A + B + C + D above):****\$** 

Leaseholder Account Name: \_\_\_\_\_

Leaseholder Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

**POLR Expense Reimbursement Request Form****Activity 4: Relaying of Oysters**

A. Total Vessel Days/Hours Worked:						
<b>Vessel ID Number</b>	<b>Date</b>	<b>Vessel Hours</b>		<b>Hourly Rate</b>		<b>Total</b>
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
				TOTAL		\$

B. LDHH Relay Permit Fee:					=	\$100
				TOTAL		\$100

C. LDHH Bond Requirement:					=	\$
(paid to private bonding company)						
				TOTAL		\$

D. Cost of Commissioned Officer:					=	\$
				TOTAL		\$

E. Total Cost of Contracted Work:					=	\$
				TOTAL		\$

**Total For Activity 4 (A + B + C + D + E above):****\$** 

Leaseholder Account Name: \_\_\_\_\_

Leaseholder Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

**POLR Expense Reimbursement Request Form****Activity 5: Bedding of Oysters**

A. Total Vessel Days/Hours Worked:						
<b>Vessel ID Number</b>	<b>Date</b>	<b>Vessel Hours</b>		<b>Hourly Rate</b>		<b>Total</b>
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
			X		=	\$
				TOTAL		\$

B. Total Cost of Contracted Work:					=	\$
				TOTAL		\$

**Total For Activity 5 (A + B above):**

\$

Leaseholder Account Name: \_\_\_\_\_

Leaseholder Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

**POLR Expense Reimbursement Request Form****Activity 6: Replacement of Lost/Damaged LDWF Lease Documents**

A. Total Cost of LDWF Lease Documents:					=	\$
				TOTAL		\$

**Total For Activity 6 (A above):****\$**

Leaseholder Account Name: \_\_\_\_\_

Leaseholder Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

## Summary of POLR Reimbursement Request

### Summary

Activity Number	Activity Name	Cumulative Total
1	Sediment/Debris Removal	\$
2	Cultch Deposition	\$
3	Remarking/Resurveying	\$
4	Relaying of Oysters	\$
5	Bedding of Oysters	\$
6	Replacement of Documents	\$

**TOTAL REIMBURSEMENTS REQUESTED:**

(Add total from Activities 1 through 6 above)

\$

### Leaseholder Statement

*"I certify that:*

- 1. All information I have provided and in the supporting documents is true and correct to the best of my knowledge.*
- 2. All information I have provided accurately reflects the rehabilitation activities that I, my duly authorized agent, or my subcontractor performed on LDWF oyster leases under my account.*
- 3. I understand that if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws which carry severe criminal and civil penalties.*

Leaseholder Account Name: \_\_\_\_\_

Leaseholder Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Checklist (For Use By Leaseholder)

- \_\_\_\_\_ Reimbursement Request Forms
- \_\_\_\_\_ Summary of Reimbursement Request Form (this form)
- \_\_\_\_\_ POLR Vessel Log Sheet
- \_\_\_\_\_ Supporting Documentation (Wheelhouse Logs, Invoices, Etc.)